

LICENSE NO: \_\_\_\_\_

LICENSE FEE: \_\_\_\_\_

DATE PAID: \_\_\_\_\_

MISC. CONTRACTOR

RECEIPT NO: \_\_\_\_\_



**City of Long Beach**  
Office of the City Clerk  
1 West Chester Street, Long Beach, NY 11561 • (516) 431-1002



**APPLICATION FOR MERCANTILE LICENSE - MISCELLANEOUS CONTRACTOR**

CHECK ONE: ☐ NEW APPLICATION ☐ RENEWAL

**LICENSE CATEGORY:**

- ☐ Carting/Hauling (Dumpster) - \$180.00  
☐ Excavation / Demolition - \$360.00  
☐ Fuel Delivery - \$360.00 (Plus \$30 each addtl truck)  
☐ Fuel Service - \$280.00 (Plus \$30 each addtl truck)

- ☐ Fuel Tank Removal - \$280.00  
☐ HVAC - \$280.00  
☐ Masonry - \$280.00  
☐ Signs / Awnings - \$280.00

☐ Other (Residential) - \$280.00  
Specify: \_\_\_\_\_

☐ Other (Commercial) - \$360.00  
Specify: \_\_\_\_\_

**PLEASE PRINT**

DATE: \_\_\_\_\_

STATE OF NEW YORK)  
COUNTY OF NASSAU) SS

*I SOLEMNLY SWEAR TO THE TRUTH OF THE FOLLOWING STATEMENTS:*

Trade Name: \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Type Of Business: \_\_\_\_\_

Please list owner(s) name / corporate officers below:

NAME	ADDRESS (Street, City, State, Zip)	DATE OF BIRTH	TITLE	TEL #
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have any of the above been convicted of a crime? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Are there any facts which differ from the information given last year? \_\_\_\_\_ If so, state \_\_\_\_\_

**THIS IS A 2-SIDED FORM. PLEASE COMPLETE BOTH SIDES.**

In consideration of being granted the license applied for, I hereby agree to comply with all the rules and regulations of the Police Department, the laws of the City of Long Beach, State of New York, and other proper authorities. I also understand that any violation of said rules and regulations or laws may result in the suspension or revocation of license.

SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY

TRADE NAME

OF \_\_\_\_\_, 20\_\_\_\_\_

PRINT NAME and TITLE

NOTARY PUBLIC

SIGNATURE

TEL #

**Please attach a copy of a valid registration for each vehicle**

[illegible]

**BE SURE TO INCLUDE WITH THIS APPLICATION:**

- **Copy of Certificate of General Liability Insurance in the amount of \$500,000. The City of Long Beach is to be listed as the “Certificate Holder”.**
- **Copy of Certificate of Workers’ Compensation Insurance or a Certificate of Attestation of Exemption (Form CE-200) and Compliance with the Disability Benefits Law.**
- **Copy of current Nassau County License issued by the Department of Consumer Affairs. (Not required for Commercial-Only Contractors)**
- **A list of five (5) recent jobs which should include NAME, ADDRESS, TYPE OF WORK PERFORMED and APPROXIMATE COST\_(New Applicants Only).**
- **A check or money order for the amount of the fee listed on the front of the form (plus vehicle fees) made payable to *City of Long Beach*. Checks will be held for 7 business days. Cash and Credit Cards are accepted only in person. Applications received after September 30th will be subject to a \$25.00 late fee.**